



1<sup>st</sup> WORLD CONGRESS  
ON INTEGRATION &  
ISLAMICISATION  
OF ACQUIRED  
HUMAN KNOWLEDGE

FWCII 2013

Theme:

Constructing the Alternative  
Paradigm of *TAWHĪD*

Dates:

23 - 25 August 2013



16 - 18 Shawwāl, 1434

Venue:

Prince Hotel & Residence, Kuala Lumpur



*Garden of Knowledge and Virtue*



# FWCII 2013: An Overview

The International Islamic University Malaysia was established by the Malaysian Government in 1983 to provide, for the younger generation of Muslims from all over the world, an Islamic alternative higher education in which knowledge would be pursued and developed on the basis of the worldview and epistemology of TAWHID, instead of the secular paradigm of human knowledge which divorces:

- a) Human reason from DIVINE revelation, guidance and wisdom;
- b) Professional disciplines from morality; and
- c) Knowledge of physical, human or social realities from metaphysical, religious and spiritual TRUTHS.

The necessity to construct and disseminate the acquired human knowledge on the basis of the TAWHIDIC epistemology is anchored in the Divine commandment to seek knowledge in the name of Allah, God Most Gracious, and to use the God-given Intellect ('Aql) as well as all the God-given natural resources and bounties in accordance with the Divinely-prescribed purposes and ends.

In its thirty years history, IIUM has tried to fulfill this sacred mission, together with like-minded institutions, organizations and individual scholars from different parts of the world. Today, as the world is witnessing more and more symptoms of systemic collapse of conventional economic, political and moral structures – with planet earth itself facing unprecedented ecological crises – there is a real and pressing need to bring together Muslim scholars, scientists, intellectuals and professionals from all over the world, who share the commitment to the paradigm of TAWHID and the urgency to develop better or alternative solution approaches, theories, perspectives or ideas in the natural and physical sciences, social and human sciences, humanities, applied sciences and technology and medical sciences, based on the God-given paradigm.

A World Congress in this regard is being held for the first time by IIUM at this very critical juncture in the history of modern civilization, and we, at IIUM, fervently hope to be able to gather 300 Muslim scholars and experts in the five major branches of acquired human knowledge in this first-ever Congress.

## Objectives of The Congress

- To gather Muslim scholars, scientist, academics, professionals and experts who are or have been involved in the project of integration or IOHK from all parts of the world, to mutually benefit from each other's works, findings or products.
- To forge new and transnational strategies to offer Tawhidic paradigm discourse and intellectual constructs as constituting complementary and/or alternative paradigms of human knowledge towards the reconstruction of Muslim society, culture and civilization, beset by its own internal malaise, as well as the reform of contemporary secular humanistic world disorder.
- To showcase IIUM's achievements in terms of teaching, research and publications, after three decades of its existence, in fulfilling the Mission of "Islamisation of Human Knowledge" (IOHK) as stated in the Constitution (Memorandum of Association) of the University.
- To position IIUM internationally and locally as the major Reference Centre for IOHK and related issues.

## **A CASE STUDY OF EATING DISORDER: BULIMIA NERVOSA AND ITS ISLAMIC PERSPECTIVE**

Sri Nurhayati Selian\*  
Dr. Siti Rafiah Abd Hamid\*

\*Institute of Education, International Islamic University Malaysia, 53100 Jalan Gombak, Selangor DarulEhsan, West Malaysia. Email: [hayatisyah@gmail.com](mailto:hayatisyah@gmail.com); [srafiah60@iium.edu.my](mailto:srafiah60@iium.edu.my)

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### **Abstract**

Bulimia Nervosa (BN) is primarily a psychiatric disorder characterized by severe disturbances of eating behaviour. Bulimia nervosa is one of the most common eating disorder and is characterized by compulsive eating extremely followed by compensatory efforts to purge calories and avoid weight gain. In fact, eating disorder has become a growing issue in adolescence. They are very concerned about their physical appearance but are unable to control their over eating habits. From the Islamic perspective, health is viewed as one of the greatest blessings that Allah has bestowed on mankind. Various Qur'anic verses and texts within Islam promote the healthy eating habits ie. balanced diet and eating in moderation. The Prophet Muhammad (pbuh) has strictly forbidden overeating in the following hadith: "overeating is the source of all diseases," (narrated by Al-Sayuthy cited in Abdillah, 1996). This study identifies factors which lead to eating disorder and results in obesity. Hence, obesity has been identified as a risk factor for the development of bulimia nervosa among those who try to lose weight.

*Keywords: Bulimia Nervosa, Adolescence, Eating Disorders, Obesity.*

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### **1. Introduction**

Eating disorder has become an increasing problem in adolescence (Dietz & Robinson, 2005). Research findings regarding adolescent eating disorders indicated that girls who felt negatively about their bodies in early adolescence were more likely to develop eating disorders two years later than their counterparts who did not feel negatively about their bodies (Attie & Brooks-Gunn, 1989). Further, girls who were making a lot of effort to look like same-sex figures in the media were more likely than their peers to become very

concerned about their weight (Field, Diego & Sanders, 2001). In summary many female adolescents have strong desire to weigh less (Graber & Brooks-Gunn, 2001).

Eating disorders are commonly known to be associated with females (Costin, 2007) due to several reasons such as body image disturbance. Body image disturbance is one of the necessary criterias for the diagnosis of eating disorders. The connection between women with eating disorders, especially anorexia and bulimia, and perfectionist traits is well documented in recent studies (Forbush, Heatherton, & Keel, 2007; Soenens, Nevelsteen, & Vandereycken, 2007). Briefly, some of these studies suggest that people particularly women, who are predisposed to perfectionist traits are more likely to develop either anorexia or bulimia.

### *1.1 Bulimia Nervosa*

Bulimia nervosa is characterized by gorging oneself with enormous amounts of food and followed by vomiting in an effort to reduce stress and anxiety (Anderson & Maloney, 2001). There are five major criteria of bulimia nervosa, but the glaring features of the disorder are marked by “binge-eating and inappropriate compensatory methods to prevent weight gain” (APA-*DSM IV-TR*, 2000, p. 589). The first criterion comprises recurrent episodes of binge-eating and consists of two parts: (a) “eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances,” and (b) “a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)” (p. 589).

The second criterion consists of various forms of compensatory behaviour, such as self-induced vomiting, laxative abuse, diuretics, enemas or other medications, fasting, or excessive exercise. According to the APA-*DSM IV-TR*, vomiting is the most common form of compensatory behaviour, occurring in as many as 80-90% of persons with bulimia. The third criterion is that both the binge-eating and compensatory behaviours must occur, on average, twice weekly for three months. The fourth criterion states that self-evaluation is unduly influenced by perception of body shape and weight. Finally, the fifth criterion states that the above conditions do not “occur exclusively during episodes of anorexia nervosa” (APA-*DSM IV-TR*, 2000, p. 589).

## 1.2 Adab of Eating in Islam

From the Islamic perspective, health is viewed as one of the greatest blessings that Allah has bestowed on mankind. It should be noted that the greatest blessing after belief is health. This is narrated in the following *Hadith*: The final messenger of Allah, Prophet Muhammad (pbuh) mounted the pulpit, then wept and said, “Ask Allah (swt) for forgiveness and health, for after being granted certainty, one is given nothing better than health,” (narrated by At-Turmudzi cited in Abdillah, 1996). It is a *Sunnah* to eat only when one is hungry. One should make the following intention before eating: “I am eating in order to gain strength to worship Allah.” If eating is just to relish our desire or *nafs* then it is perceived as bad habits. Shaykh Sayyiduna Ibrahim Bin Shayban has stated, “I have not eaten anything for the mere satisfaction of my *Nafs* (i.e. carnal desires) for eighty years,” (Ilyas, 2012). One should also make the intention of eating less than one’s appetite, as the intention of eating is to gain strength for the worship of Allah will be true only when one eats less than one’s appetite because gluttony is a hindrance in worship.

Allah’s mercy, love and concern to His creation are inherent in the *Qur’anic* guidelines on how and what we should eat and put in our bodies. Our muscles, bones, lungs, liver, brain and secretions are made from the raw products that we eat. Fazlul Rahman (1989) argued that if we provide the body with healthy food, it will produce tough bones, muscles, a good pump (heart) and clean pipes (vessels). Various verses and texts within Islam promote the eating of healthy, wholesome food and eating in moderation. Allah clearly states in the Quran: “**...Eat of the good things that We have provided for you...,**” (2: 172). “**...Eat of what is on earth, lawful and good; and do not follow the footsteps of Satan for he is to you an avowed enemy,**” (2: 168).

## 1.3 Overeating and Gluttony in Islam

Food is one of the basic necessities of life. It is essential for sustaining normal growth and development. All the essential nutrition must be eaten in the exact proportion. Too much of one nutrition and the absence of another, may lead to imbalance of diet. Hence, an individual may contract some form of sickness or ailment. The importance of balanced diet is emphasized in the *Qur’an* and the *Sunnah* whereby Allah SWT maintains: “**O Children of Adam! Wear your beautiful apparel at every time and place of prayer: eat and drink but waste not by excess...,**” (5: 31).

As we know, excessive eating may harm our bodily or immunity systems. Allah reminds us repeatedly as not to overeat. Human disobedience in over eating is marked by apparent diseases affecting the contemporary subject. *Allah al Mighty* may create and destroy us as *He* pleases, in short man proposes but



*Allah SWT* disposes. He instructs us to eat good food and prohibits those which have been classified *haram*. Many chronic diseases are related to uncontrolled eating habits such as; diabetes, vascular diseases, stroke, heart attack, etc. It has been said that “the stomach is the home of ill health” and is usually responsible some way to ill health (Fazlul Rahman, 1989). Islam teaches us to eat moderately: ***“Eat of the good things We have provided for you sustenance, but commit no excess therein...,”*** (20: 81).

In short, the Prophet Muhammad (pbuh) has strictly forbidden overeating in the following *Hadith*: “Overeating is the source of all disease,” (narrated by Al-Sayuthy cited in Abdillah, 1996). The Holy Prophet reminds us to keep one third of our stomach for food, one third for drink, and one third for our breath, (narrated by At-Turmudzi, cited in Abdillah, 1996).

## 2. Method

A naturalistic approach was adopted by this study. A naturalistic approach implies that the researcher seeks to understand the phenomena in context-specific settings, in short, real-world situations where no attempt is made to manipulate any variables or factors within the situation (Golafshani, 2003). This is a case study of a single respondent. Bogdan and Biklen (1998) and Patton (1990) indicated that qualitative research should comprised small numbers of respondents who may provide rich information. This method allows the researcher to focus on the central issues of importance for the purpose of this research.

This study involves in-depth interviews with a female adolescent addressed as “Nora” (not her true identity) via an interview protocol designed to focus on constructs related to her eating disorders. The data were then transcribed into an interview verbatim and were later analysed for common themes. Nora’s attributes fits well with all the eating disorder attributes classified in the American Psychiatric Association (2000), DSM IV-TR general diagnosis for Bulimia Nervosa (BN) and is identified as obese. “Nora” volunteered to participate after the researcher spoke to her about this study. Table 1 tabulates the respondents’ biographical data.

Table 1. Respondents’ Biographical Data

Name	Gender	Chronological Age	Clinical Diagnosis
<b>“Nora”</b>	Female	24 years, 2 months	Eating Disorder (Bulimia Nervosa)

### 3. Findings

In this section the respondent's case study is presented. Respondent narrates her story in her own words. Subsequently, the data were analysed and the following are the emerging themes derived from the transcribed interview verbatim. The themes were categorized into four major themes, namely:

#### *Negative Peer Relations*

Adolescents have strong needs to be liked and accepted by their peer. Peer acceptance enhances pleasurable feelings and peer rejection results in extreme stress and anxiety (Brown, 2004). Peer acceptance is perceived as too important by many adolescents. One of the most important functions of the peer group is to provide a source of information about the world outside the family; here peer experiences have important influences on children's and adolescent's development. Peer influences can be both positive and negative (Bergeron & Schneider, 2005).

In this study "Nora" stated that her bulimia started at the age of 18 and continues till now. She admitted that peer pressure changed her lifestyle. This has been attributed by her daily social interaction with her colleagues. She went through a whole transformation which includes; change of dressing style, party-going habits and have great passion for fast food. All these were done for the sake of peer acceptance. "Nora" admits:

"I feel a lot of pressure from my friends to attend party, to wear sexy dresses and to eat everything that is edible. My parents do not allow me to eat in large amount because they know that I have the tendency to grow fatter, but my best friends are pushing me to do it. They would laugh and made fun of me. I couldn't stand it anymore, so I ate with them though I was full on that time. I vomited a lot and felt sick, but I was too silly and found that 'this is really fun- yeah, I like it'. I felt like I was part of the group."

Being overweight or obese has negative effects on adolescent's health, biologically and socio-emotionally (Dietz, 2004). From the biological point of view, being overweight is linked with high blood pressure, hip problems, pulmonary problems, and diabetes (Botero & Wolfdorf, 2005). In terms of socio-emotional development, adolescents who are overweight are more likely to possess low self-esteem, more

depressed and have problematic relationship with peers as opposed to their normal weight counterparts (Irwin, 2004).

### **Comparison of Body Image**

Body image is an important aspect of self-representation and self-evaluation during adolescence. According to Cash and Deagle (1997), body image is a multidimensional construct, but it is most frequently defined as the degree of satisfaction with one's current physical self (size, shape, general appearance). In short, body image is the dynamic perception of one's body– how it looks, feels, and moves. It is shaped by one's perception, emotion, and physical sensations. It is not static and can change in response to the individual's mood, physical experience, and environment (Cash & Pruzinsky, 2002). The importance of body image is evident in its relationship to risk status for eating disorders, depression, and low self-esteem (Attie & Brooks-Gunn, 1989).

The family plays an important role in determining adolescent's eating habits, especially girls (Green & Pritchard, 2003). Research findings indicate that family members who criticized their adolescent daughter contributed significantly to body dissatisfaction (Green & Pritchard, 2003). As female adolescents walk through their pubescence, family members passed negative statements related to their physical changes that may contribute to sadness, and feeling of depressed. They were convinced that weight loss is necessary in order to please their loved ones. "Nora" believed that the comparisons her family made between her cousin and her suggested that she was not good enough. She claims:

"I was not a very popular kid. I was frequently compared to my cousin during the growing up process. We were of the same age but she was petite and tiny. I was on the heavier side compared to her. ...and this results in my having a low self-esteem and felt that she was better than I am."

She did not seek any special treatment for her bulimia because she was trying to hide it from her family. She stated that she has stopped bingeing and purging then as she was convinced that it would worsen her health. She stated she has not binged and purged since her 22<sup>nd</sup> birthday. However she admitted that there is a possibility that she would binge again if her emotions are unstable. This suggested that she not been fully recovered.



## **Emotional Triggers**

Emotions are true feelings that may affect us in many ways. Accordingly, Saarni, Campos, Camras and Witherington (2006) stated that emotion is characterized by our behaviours which reflect (expresses) pleasant or unpleasant conditions where the individuals are in, or the transactions they are experiencing. Emotions also can be more specific and take the form of joy, fear, anger, and so on, depending on how a transaction affects the person (ie. is the transaction a threat, a frustration, a relief, something to be rejected, something unexpected, and so on). And emotions can vary in how intense they are. When girls become emotional, they tend to handle things in different ways in order to reduce their level of stress.

“Nora” also spoke about emotional inhibition. She attempts to control her emotions by eating excessively. She claimed “I relate food to happiness”. She went on explaining... :

"When I am emotional, I mean when I get upset. ...food brightens my day. ...If I am having a bad day, I would eat continuously, and just get rid of it again and again. There was a lot of stress because I didn't know what to do next. ... Eating makes me feel good, and umm... and if I am really upset, I would eat certain foods to feel better. ...I know that if I have a bad day or I am really stressed out or I am in a really bad mood I will eat or when I am bored I would also eat a lot. ...I think by eating you will be happy and you will feel much better till when you realize that you have eaten too much and then you don't feel good again."

A person's emotional responses cannot be separated from the situations in which they are in. In many instances, emotions are elicited in interpersonal contexts. Thus, emotional expressions serve the important functions of sending signals to others of how one feels, regulating one's own behaviour, and playing pivotal roles in social change.

## **The Lack of Religious Knowledge**

Religious issues are important to adolescents (Benson, 2004). Some researchers have found that various aspects of religion are linked with positive outcomes for adolescents (King & Benson, 2005). For example, a recent study revealed that adolescent's religious development was positively related to participation in civic and extracurricular activities and negatively related to alcohol and drug use (King &

Benson, 2005). Most religions include prescriptions against drug and alcohol abuse (King & Benson, 2005), and many include dietary restrictions (eating disorders) as well as that may promote health. Many religions specifically teach that a healthy body and a healthy spiritual life go hand in hand. Physical health thus takes on additional spiritual meaning as a sacred duty to God as well as to self.

In *Islamic Manners of Eating*, Ilyas (2012) explains clearly that instead of eating for merely enjoying taste or gratifying Muslim's desire, individual as Muslim should eat with the righteous intention of attaining strength and energy to worship Allah. If one eats less than one's appetite or else this would be a false intention as gluttony as it causes laziness and is a hindrance in worship. Further, individual should only eat when she or he is hungry. It is a *Sunnah* to do so. To eat without hunger poses health risks hardening the heart, let alone giving strength. Sayyiduna Shaykh Abu Talib Makki has stated, "according to a narration, eating on a full stomach causes leukoderma," (Ilyas, 2012). When "Nora" was asked by some questions or those related to Islamic view regarding compulsive overeating, she mentioned: "Umm...yes, I know that is not permissible in Islam but how...I don't know what to do?" Nothing ...well yes my environment influenced me heavily, it is about my self-esteem. But now... I have gastric ulcers."

#### **4. Conclusion and Recommendations**

The goal of the study was to identify factors that may lead an individual to Nora's eating disorder, specifically related to compulsive overeating resulting to obesity, Bulimia Nervosa. Heatherton, Joiner, Rudd, and Schmidt, (1997) concluded that bulimic symptoms and perfectionism are highly related particularly in the perception of weight.

In addressing the research findings, Nora's eating disorder may be treated by referring her to the Nutritional counselling unit in order to treat bulimia effectively. Nutritional education and counselling are critical components necessary for treating eating disorder (Cordery & Waller, 2006; Herrin, 2004). Research findings have indicated that nutritional counselling best serves many patients with bulimia in the form of behavioural reduction, and, eventually, eradication, regarding bingeing, purging, and food restriction (American Psychiatric Association, 2006). According to Herrin (2004) the role of nutritional counsellor or registered dietician is to encourage behavioural change, ultimately resulting in healthier eating patterns. Herrin suggested that, like therapists, nutrition counsellors must gain the trust of their clients to help them overcome resistances to change.

From Islamic perspective, fasting is very effective and is strongly recommended for overeaters due to its effectiveness. Fasting in Islam is not similar to crash dieting; it is adequate in calorie intake and

involves no malnutrition. All foods are permissible to eat in moderation, once the fast is over. Many processed foods we eat contain chemicals which over-time can be stored by our bodies as toxins within the cells. Fasting can assist our body to purge these toxins while also allowing our body and digestive system to rest. Many studies indicated that fasting lowers the blood sugar levels and cholesterol. This is advisable for moderate, stable, non-insulin diabetes, obesity, and essential hypertension (Al-Gazali, trans. 1970).

## REFERENCES

- Al-Gazali, trans. (1970). The Book of Knowledge in “*Ihyà ‘UlumelDin*” - *Revitalization of the Sciences of Religion*, Lahore, sh, Muhamed Ashraf.
- Abdillah, U. (1996). *Adab Makan Minum Cara Nabi*. Kuala Lumpur: Al-Hidayah Publishers.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, D.C.: Author.
- American Psychiatric Association.(2006). Practice guidelines for the treatment of patients with eating disorders. *American Journal of Psychiatry*, 163 (7), 5-55.
- Anderson, D., & Maloney, K. (2001).The efficacy of cognitive-behavioral therapy on the core symptoms of bulimia nervosa. *Clinical Psychology Review*, 21, 971-988.
- Attie, L., & Brooks-Gunn, J. (1989). Development of eating problems in adolescent girls: A longitudinal study, *Developmental Psychology*, 25, 70-79.
- Benson, P. L. (2004). Emerging themes in research on adolescent spiritual and religious development. *Applied Development Science*, 8, 47-50.
- Bergeron, N., & Schneider, B. H. (2005). Explaining cross-national differences in peer directed aggression: A quantitative analysis. *Aggressive Behavior*, 31, 116-137.
- Bogdan, R., & Bilken, S., (2003). *Qualitative Research for Education*. Boston, MA. Pearson Education Group, Inc.
- Botero, D., & Wolfdorf, J. I. (2005). Diabetes mellitus in children and adolescents. *Archives of Medical Research*, 36, 281-290.

- Brown, B. B. (2004). *Adolescent relationships with peers*. In R. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology* (2nd ed). New York: Wiley.
- Cash, T. F., & Deagle, E. A. (1997). The nature and extent of body image disturbances in anorexia nervosa and bulimia nervosa: A meta-analysis. *International Journal of Eating Disorders*, 22, 107–125.
- Cash, T. F., & Pruzinsky, T. (2002). *Body image: A handbook of theory, research, and clinical practice*. New York: Guilford Press.
- Cordery, H., & Waller, G. (2006). Nutritional knowledge of health care professionals working in the eating disorders. *European Eating Disorders Review*, 14 (6), 462- 467.
- Costin, C. (2007). *The Eating Disorder Sourcebook* (3<sup>rd</sup>ed.). New York: McGraw Hill.
- Dietz, W. H. (2004). Overweight in children and adolescents. *New England Journal of Medicine*, 350, 855-857.
- Dietz, W. H., & Robinson, T. N. (2005). Clinical practice: Overweight children and adolescents. *New England Journal of Medicine*, 352, 2100-2109.
- FazluRahman (1989). *Health and Medicine in the Islamic Tradition “Change and Identity.”* (eds). Martin E. Marty & Kenneth L. Vary. New York: The Crossroad Publishing Company.
- Field, T., Diego, M., & Sanders, C. E. (2001). Exercise is positively related to adolescents’ relationship and academics. *Adolescence*, 36, 105-110.
- Forbush, K, Heatherton, T. F., & Keel, P. K. (2007). Relationship between perfectionism and specific disordered eating behaviors. *International Journal of Eating Disorders*, 40, 37-41.
- Grabber, J. A., & Brooks-Gunn, J. (2001). Co-occurring eating and depressive problems: An 8-year study of adolescent girls. *Adolescence*, 43, 718-726.
- Green, S. P., & Pritchard, M. E. (2003). Predictors of body image dissatisfaction in adult men and women. *Social Behavior and Personality*, 31(3), 215-222.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597-606.



- Heatherton, T., Joiner, T., Rudd, M., & Schmidt, N. (1997). Perfectionism, perceived weight status, and bulimic symptoms: Two studies testing a diathesis-stress model. *Journal of Abnormal Psychology*, 106 (1), 145-153.
- Herrin, M. (2004). *Nutrition counseling in the treatment of eating disorders*. New York: Brunner-Routledge.
- Ilyas, M. A. (2012). Islamic Manners of Eating. *Journal of MaktabaTulMadina*. 1 - 350.
- Irwin, C. E. (2004). Eating and physical activity during adolescence: Does it make a difference in adult health status? *Journal of Adolescent Health*, 34, 459-460.
- King, P. E., & Benson, P. L. (2005). Spiritual development and adolescent well-being and thriving. In E. C. Roehkepartain, P. E. King, L. Wagner, & P. L. Benson (Eds.), *Handbook of spiritual development in childhood and adolescence*. Thousand Oaks, CA: Sage.
- Patton, M. (1990). *Qualitative evaluation and research methods* (2nd ed.) Newberry Park, CA: Sage Publications.
- Saarni, C., Campos, J., Camras, L. A., & Witherington, D. (2006). Emotional development. In W. Damon & R. Lerner (Eds.), *Handbook of child psychology* (6th ed.). New York: Wiley.
- Soenens, B., Nevelsteen, W., & Vandereycken, W. (2007). The significance of perfectionism in eating disorders: A comparative study. *Dutch Journal of Psychiatry*, 49, 709-718.